

<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).</i></p> <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2008</h3>		<p>Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Application Number</td> <td>09/795,385-Conf. #2386</td> </tr> <tr> <td>Filing Date</td> <td>February 16, 2001</td> </tr> <tr> <td>First Named Inventor</td> <td>Charles J. Jacobus</td> </tr> <tr> <td>Examiner Name</td> <td>D. Changkong</td> </tr> <tr> <td>Art Unit</td> <td>2152</td> </tr> <tr> <td>Attorney Docket No.</td> <td>CYB-07102/03</td> </tr> </table>		Application Number	09/795,385-Conf. #2386	Filing Date	February 16, 2001	First Named Inventor	Charles J. Jacobus	Examiner Name	D. Changkong	Art Unit	2152	Attorney Docket No.	CYB-07102/03
Application Number	09/795,385-Conf. #2386														
Filing Date	February 16, 2001														
First Named Inventor	Charles J. Jacobus														
Examiner Name	D. Changkong														
Art Unit	2152														
Attorney Docket No.	CYB-07102/03														
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27															
TOTAL AMOUNT OF PAYMENT		(\$) 515.00													

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>07-1180</u> Deposit Account Name: <u>Gifford, Kress, Spinkie, Anderson & Cilewski, P.C.</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	
							Small Entity
							Fee (\$)
2. EXCESS CLAIM FEES							Fee (\$)
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							210
Multiple dependent claims							370
							185
Total Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
23		- 23 =		x		=	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims		Fee (\$)		Fee Paid (\$)	
2		- 3 =		x		=	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
						Fee Paid (\$)	
		- 100 =		/50 =		(round up to a whole number) x	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 2403 Request for oral hearing							515.00

SUBMITTED BY			
Signature	/John G. Posa/	Registration No. (Attorney/Agent)	37,424
Name (Print/Type)	John G. Posa	Telephone	(734) 913-9300
		Date	August 27, 2008